



FULL FAMILY SANCTION HOME VISIT NOTICE

State Form 51344 (7-03) / FI 0048

Date: _____

Client Name: _____

SSN or RID: _____

Dear _____,

- ☐ Indiana Manpower Placement & Comprehensive Training (IMPACT) is Indiana's work program for cash assistance and Food Stamp recipients. IMPACT offers services to help you increase the amount of money coming into your household. IMPACT's goal is your self-sufficiency.
- ☐ Cooperating with efforts to obtain child support is a requirement for continuing to receive TANF. Child support may mean the difference between becoming self-sufficient and remaining dependent on public assistance.

Your TANF benefits have been reduced because you:

- ☐ failed to comply with the IMPACT Program
- ☐ voluntarily quit a job without good cause
- ☐ failed to cooperate with efforts to obtain child support

You have failed to contact your caseworker to correct this matter.

In an effort to encourage you to comply with program requirements, a home visit is scheduled for

_____ at _____.
Date (month, day, year) Time

If you prefer to meet with your caseworker at a different location (Office of Family and Children or public place within 1 mile of your home), please call

_____ at _____.
Caseworker Phone Number

Caseworker Signature

Caseworker ID Number